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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/518,554	
	Filing Date	March 3, 2000	
	First Named Inventor	Vromen	
	Art Unit	1615	
	Examiner Name	Sheikh, Humera N.	
Total Number of Pages in This Submission	5	Attorney Docket Number	AIP-001US1

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<b>Remarks</b> * Postcard		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Joseph C. Zuccherro (Reg. No. 55,762)
Signature	<i>Joseph C. Zuccherro</i>
Date	<i>10/4/04</i>

**CERTIFICATE OF TRANSMISSION/MAILING**I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on *Oct. 5, 2004*

Typed or printed	Melanie Legare
Signature	<i>Melanie Legare</i>
Date	<i>10/5/04</i>

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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1615  
JFW

Patent Application  
Attorney's Docket No.: AIP-001US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jacob Vroman  
Application No.: 09/518,554 Group: 1615  
Filed: March 3, 2000 Examiner: Sheikh, Humera N.  
Art Unit: 1615  
For: MICRONIZED VITAMIN C FORMULATION

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Date: 10/07/04

Signature

Melanie Legare

Printed Name: Melanie Legare

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AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This Amendment is being filed in response to the Notice of Non-Compliant Amendment mailed from the U.S. Patent and Trademark Office on September 30, 2004, in the above-identified application. Reconsideration and further examination are requested.

Please amend the application as follows: